

OCT-06-05 THU 04:41 PM

FAX NO.

RECEIVED
CENTRAL FAX CENTER

OCT 06 2005

P. 01

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Friedman, Lawrence J.

Docket No.

ERIE-3722

Application No.

10/796,383

Filing Date

03/09/2004

Examiner

Lee, Diane I.

Group Art Unit

2876

Invention:

METHOD AND SYSTEM FOR A HOST BASED SMART CARD

I hereby certify that this Request For Withdrawal as Attorney or Agent and Change of Correspondence Address
(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (571)273-8300

on October 6, 2005

(Date)

Priscilla Gaida

(Typed or Printed Name of Person Signing Certificate)

(Signature)

Note: Each paper must have its own certificate of mailing.

OCT 06 2005

Doc Code: FRIE-3722

PTO/SIV/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/796,383
Filing Date	03/09/2004
First Named Inventor	Friedman, Lawrence J.
Art Unit	2876
Examiner Name	Lee, Diane I.
Attorney Docket Number	FRIE-3722

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number

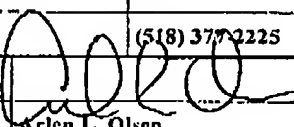
5409

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or	Friedman, Hirschen, Miller & Campito PC				
Address	131 State Street P.O. Box 1041				
City	Schenectady	State	NY	Zip	12301-1041
Country	USA				
Telephone	(518) 377-2225	Email	fhmc@friedmanhirschen.com		
Signature					
Name	Arlen I. Olsen	Registration No.	37,543		
Date	October 6, 2005	Telephone No.	(518) 220-1850		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.